

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
JUL 24 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0033
Date: 8-1-14
Amount Paid: \$95 7-25-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: <u>Chase Turner</u>		Mailing Address: <u>8040 Franklin St</u>		City/State/Zip: <u>Iron River, WI</u>		Telephone: <u>715 817-8579</u>		Contractor Phone: <u>Plumber:</u>		Plumber Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address of Property: <u>Same</u>		City/State/Zip: <u>Iron River, WI</u>		City/State/Zip: <u>Iron River, WI</u>		Cell Phone:		Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Self</u>		Agent Phone:		Agent Mailing Address (Include City/State/Zip):			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>04-024-2-47-08-08-3-00-315-05500</u>		Recorded Document: (i.e. Property Ownership) Volume <u>1066</u> Pages <u>728</u>									
<u>1/4, 1/4</u>		Gov't Lot <u>2</u>		Lots <u>1375</u>		CSM <u>8210</u>		Vol & Page <u>19-24</u>		Block(s) No. <u>1</u>		Subdivision: <u>Lumbermans Add</u>		Lot Size <u>.27</u>	
Section <u>8</u> , Township <u>47</u> N, Range <u>8</u> W		Town of: <u>Iron River</u>													

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$8,000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	Specify Type: _____	<input checked="" type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)		
	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(<input checked="" type="checkbox"/>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	<input type="checkbox"/>		(<input checked="" type="checkbox"/>)	
<input checked="" type="checkbox"/> Residential Use with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	<input checked="" type="checkbox"/>		(<input checked="" type="checkbox"/>)	
<input type="checkbox"/> Commercial Use Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	<input type="checkbox"/>		(<input checked="" type="checkbox"/>)	
<input type="checkbox"/> Mobile Home (manufactured date) _____	<input type="checkbox"/>		(<input checked="" type="checkbox"/>)	
<input type="checkbox"/> Addition/Alteration (specify) _____	<input type="checkbox"/>		(<input checked="" type="checkbox"/>)	
<input type="checkbox"/> Accessory Building (specify) _____	<input type="checkbox"/>		(<input checked="" type="checkbox"/>)	
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>garage</u>	<input checked="" type="checkbox"/>		(<input checked="" type="checkbox"/>)	<u>480</u>
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	(<input checked="" type="checkbox"/>)	
<u>AUG 01 2014</u>	<input type="checkbox"/>	Conditional Use: (explain) _____	(<input checked="" type="checkbox"/>)	
	<input type="checkbox"/>	Other: (explain) _____	(<input checked="" type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Chase Turner
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Tax ID 20359

Copy of Tax Statement
if you recently purchased the property send your Recorded Deed

See box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	80 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	62 Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	410 Feet		
Setback from the South Lot Line Town Rd	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	49 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	City		# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 14-0233		Permit Date: 8-1-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Zoning District (R-7)					
Well staked. Metals all staked.		Lakes Classification (NA)					
Date of Inspection: 7-30-14		Inspected by: M. Fuchs		Date of Re-Inspection:			
Conditions(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No -If No they need to be attached.							
May not be used for human habitation. No water under pressure in structure. No plumbing pictures in structure.							
Signature of Inspector: Michael Fuchs		Date of Approval: 8-9-14					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

UNOFFICIAL
COPY

REGISTERED
MAY 17 2005
Bayfield Co. Zoning Dept.

PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS
2005R-499278
05/20/2005 08:00:01AM

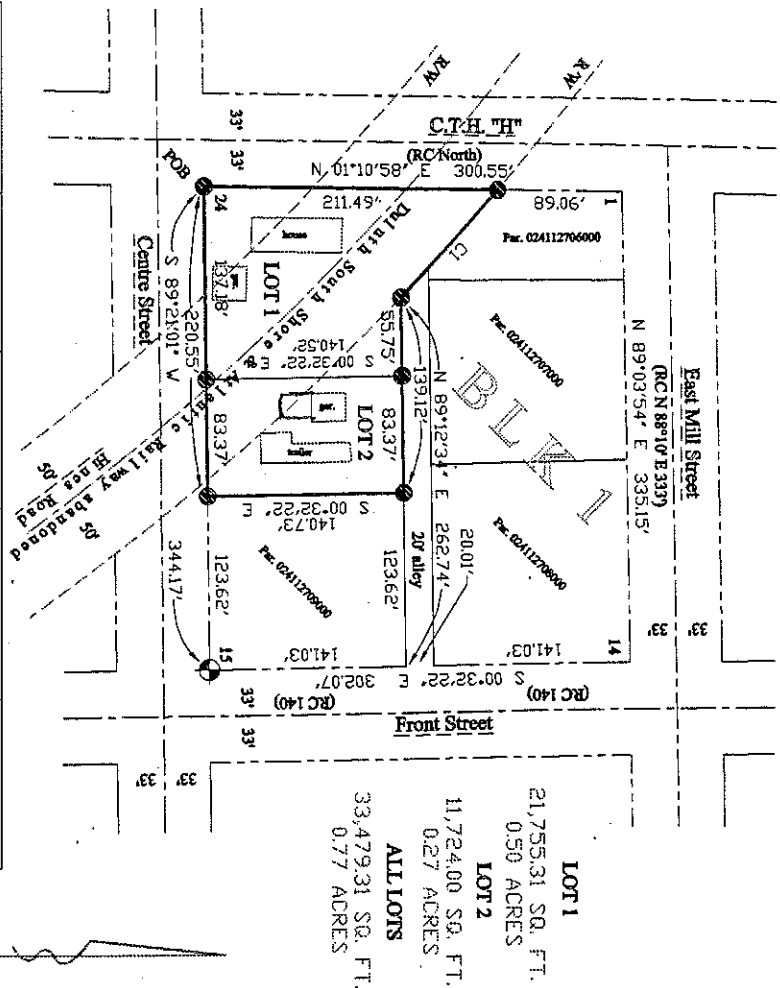
RECORDING FEE: 13.00
TF EXEMPT #:

PAGES: 2
001.8 05m P210-211
Register of Deeds recording fees only

BAYFIELD COUNTY CERTIFIED
SURVEY MAP NUMBER # 1375

A PARCEL OF LAND LOCATED IN LOTS 19 - 24, BAYFIELD COUNTY, WISCONSIN, LUMBERMANS ADDITION AND THAT PART OF ADJACENT DULUTH SOUTH SHORE AND ATLANTIC RAILWAY BETWEEN ONEIDA STREET (COUNTY HIGHWAY "H") AND CENTRE STREET, IN THE VILLAGE OF IRON RIVER, SW 1/4, SW 1/4, SECTION 8, TOWN 47 NORTH, RANGE 8 WEST, TOWN OF IRON RIVER, BAYFIELD COUNTY, WISCONSIN.

Daniel A. Holman
Daniel A. Holman RLS # 2393 Date:



CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	1910.08'	103.24'	103.23'	S 47°12'03" E	03°05'49"

Scale: 1" = 100'
0' 100' 200'

TJH Land Surveying
Daniel A. Holman RLS # 2393
PO Box 726
Washburn, WI, 54891
(715)-373-0848 Fax 2302

Project name: 7-47-8 smith
Client name: Smith, Wayne
Date: 10-2-2004
Fieldbook/Page No: 47-8
Drafted by: Daniel A. Holman
Page 1 of 2

Legend
Found 1 1/2" iron pipe
Set 3/4" x 18" iron rod 1.52 lbs/ft
(RC)

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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 16 2014

Bayfield Co. Zoning Dept

Permit #:

14-0242

Date:

8-6-14

Amount Paid:

\$880 6-17-14

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: STEVEN L. + LONA J. SCHMIDT Mailing Address: 63935 CTY H City/State/Zip: IRON RIVER WI 54847 Telephone: 372-4158

Address of Property: 7340 Spindelake Rd City/State/Zip: IRON RIVER WI 54847 Cell Phone:

Contractor: SCOTT DAVIS Contractor Phone: 372-8389 Plumber: Tony Polkoski Plumber Phone: 372-4156

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-024-2-47-08-19-1 05-002-01000 Recorded Document: (i.e. Property Ownership) Volume 1113 Page(s) 431

1/4, 1/4 Gov't Lot 2 Lot(s) 12 CSM 667 Vol & Page 435 Lot(s) No. Block(s) No. Subdivision:

Section 19, Township 47 N, Range 8 W Town of: Iron River Lot Size Acreage 1.25

Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? ☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: 75 feet Is Property in Floodplain Zone? ☒ Yes ☐ No Are Wetlands Present? ☒ Yes ☐ No

☐ Non-Shoreland

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$50,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/>	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: <u>Sanitary (Pit) or Vaulted (min 200 gallon)</u> <input type="checkbox"/> Privy (Pit) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input checked="" type="checkbox"/> Roof <input checked="" type="checkbox"/> Caledon

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 20' Height: 10' 8'

Proposed Construction: Length: 24' Width: 12' Height: 10' 8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		()	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	existing	(24 x 20)	480
<input checked="" type="checkbox"/> with Loft		()	
<input checked="" type="checkbox"/> with a Porch		(8 x 12)	96
<input checked="" type="checkbox"/> with (2 nd) Porch		()	
<input checked="" type="checkbox"/> with a Deck	addition	(12 x 24)	288
<input checked="" type="checkbox"/> with (2 nd) Deck		()	
<input type="checkbox"/> with Attached Garage		()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		()	
<input type="checkbox"/> Mobile Home (manufactured date)		()	
<input type="checkbox"/> Addition/Alteration (specify)		()	
<input type="checkbox"/> Accessory Building (specify)		()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		()	
<input type="checkbox"/> Rec'd for Issuance		()	
<input type="checkbox"/> Conditional Use: (explain)		()	
<input type="checkbox"/> Other: (explain)		()	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): STEVEN L. + LONA J. SCHMIDT Date June 8, 2014

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 63935 CTY H Iron River 54847

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



(8) **Setbacks:** (measured to the closest point)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No -(If No they need to be attached.)

Signature of Inspector: M. J. J. J. J.

October 2013

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
MAY 29 2014

ENTERED

Permit #:	14-00946
Date:	8-7-14
Amount Paid:	\$850
Refund:	5-09-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Judy M. Schuman</u>	Mailing Address: <u>67210 W. Crystal Lake Rd, I.R. 54847</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Telephone: <u>715 372-8779</u>
Address of Property: <u>7510 W. Mill St.</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Contractor Phone: <u>Plumber:</u>	Cell Phone:
Contractor: <u>self</u>	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>04-034-2-47-08-07-400-198-04400</u>	PIN: (23 digits) <u>04-034-2-47-08-07-400-198-04400</u>	Recorded Document: (i.e. Property Ownership) Volume <u>917</u> Page(s) <u>743</u>
Section <u>7</u> , Township <u>47</u> N, Range <u>8</u> W	Town of: <u>Iron River</u>	Subdivision: <u>Part of I.R.</u>	Lot Size
			Acreage <u>.32</u>

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	--	--

Value at Time of Completion * include donated time & material <u>\$60,000</u>	Project (What are you applying for)	# of Stories and/or Basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> Municipal/City	Specify Type: <u>(New) Sanitary</u>	<input checked="" type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>(New) Sanitary</u>	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>(New) Sanitary</u>	<input type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>68'</u>	Width: <u>16'</u>	Height: <u>16'</u>
Proposed Construction:	Length: <u>68'</u>	Width: <u>16'</u>	Height: <u>16'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> with Loft	()	()	()
<input type="checkbox"/> with a Porch	()	()	()
<input type="checkbox"/> with (2nd) Deck	()	()	()
<input type="checkbox"/> with (2nd) Deck	()	()	()
<input type="checkbox"/> with Attached Garage	()	()	()
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()	()
<input checked="" type="checkbox"/> Mobile Home (manufactured date)	()	()	()
<input type="checkbox"/> Addition/Alteration (specify)	()	()	()
<input type="checkbox"/> Accessory Building (specify)	()	()	()
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()	()
<input type="checkbox"/> Special Use: (explain)	()	()	()
<input type="checkbox"/> Conditional Use: (explain)	()	()	()
<input type="checkbox"/> Other: (explain)	()	()	()

Rec'd for Issuance	Special Use: (explain)	()	()
AUG 07 2014	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Judy M. Schuman Date 5-28-14
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above
(if you recently purchased the property send your Recorded Deed)

Draw or Sketch your Property (regardless of what you are applying for)

- show location of:
show / indicate:
show location of (*):
show:
show:
show any (*):
show any (*):
show any (*):
- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
	Feet	Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	45	Setback from Wetland	Feet
Setback from the South Lot Line	Row Privy ST	Setback from 20% Slope Area	NA
Setback from the West Lot Line	Row Co A	Elevation of Floodplain	Feet
Setback from the East Lot Line	Alley		Feet
	Feet	Setback to Well	NA
Setback to Septic Tank or Holding Tank	Feet		Feet
Setback to Drain Field	NA		Feet
Setback to Privy (Portable, Composting)	Feet		Feet

Setback to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0246		Permit Date: 8-7-14		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (beed of Record)	<input type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)
Granted by Variance (B.O.A.)		Case #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created		<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (C)		
Date of Inspection: 7-1-14		Lakes Classification (NA)		
Inspected by: M. Furdak		Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)				
Signature of Inspector: Michael Stucke				
Date of Approval: 7-24-14				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				

MAP NO. CSM 1395 ©

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

MAY 29 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:

14-0249

Date:

8-7-14

Amount Paid:

\$75 5-29-14

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Jody M. Schwann Mailing Address: 6710 W. Crystal Lake Rd, I.R. 54847 City/State/Zip: 372-8979 Telephone: 715

Address of Property: 7510 W. Mill St. City/State/Zip: Iron River, WI 54847 Contractor Phone: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: 22-24 Lot(s) No.: 3 Block(s) No.: 3 Subdivision: Plat of I.R. Lot Size: Acreage: 32

Section 7, Township 47 N, Range 8 W Town of: Iron River

☐ Shoreland ☒ Non-Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue --> Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$ 85000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:
Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with (2 nd) Deck with Attached Garage	<input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <u></u> <input type="checkbox"/> Addition/Alteration (specify) <u></u> <input checked="" type="checkbox"/> Accessory Building (specify) <u>garage</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>	<input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Special Use: (explain) <u></u> <input type="checkbox"/> Conditional Use: (explain) <u></u> <input type="checkbox"/> Other: (explain) <u></u>	<input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Rec'd for Issuance	<u></u>	<u></u>	<u></u>
<u>AUG 07 2014</u>	<u></u>	<u></u>	<u></u>

Secretarial Staff: FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jody M. Schwann Date 5-28-14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W), (*) Septic Tank (ST), (*) Drain Field (DF), (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake, (*) River, (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
<i>Co Hwy A</i>			
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	11' Feet	Setback from the River, Stream, Creek	<i>N/A</i> Feet
Setback from the North Lot Line	25' Feet	Setback from the Bank or Bluff	<i>N/A</i> Feet
Setback from the South Lot Line <i>Turn Rd</i>	24' Feet	Setback from Wetland	<i>N/A</i> Feet
Setback from the West Lot Line <i>Co Hwy A</i>	24' Feet	Setback from 20% Slope Area	<i>N/A</i> Feet
Setback from the East Lot Line <i>Alley Row</i>	90' Feet	Elevation of Floodplain	<i>N/A</i> Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	<i>N/A</i> Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	<i>N/A</i> Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

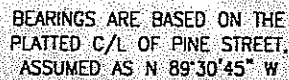
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <i>14-0247</i>	Permit Date: <i>8-7-14</i>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: <i>7-1-14</i>	Inspected by: <i>MM, Furtak</i>	Zoning District: <i>(C)</i>	Lakes Classification: <i>(NA)</i>	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
<i>Well staked. Metal all setbacks.</i>						
<i>May not be used for human habitation, No water under pressure in structure.</i>						
Signature of Inspector: <i>Michael Furtak</i>						Date of Approval: <i>7-2-14</i>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

~~TIMOTHY E. OKSUTA~~ - BLS #1550



7510 W. Mill Street
IRON RIVER, WI



○ 1" x 18" IRON PIPE, SET THIS SURVEY
● GIN SPIKE, SET THIS SURVEY

JOB: 05_033 FILE: N:/DATA/IRONRIVER
SCALE: 1" = 30' /ORIGINAL/PLAT/BLOCK3
DATE: 04/21/05 PSDATA&ACAD/N05033
DRAFTED BY: GJB NB. 333 PG. 92

SURVEYING NORTHERN WISCONSIN SINCE 1954
MAP NO. CSM 1.

101 W. MAIN STREET
SUITE 207
ASHLAND, WISCONSIN 54806
(715) 682-2692
FAX: (715) 682-5100

MAP NO. CSM 1395 (C)

JUDY M. SCHUMAN
67210 W. CRYSTAL LAKE ROAD
IRON RIVER, WI 54847

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54991
(715) 373-6138

Class A
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
JUN 18 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0848
Date:	8-7-14
Amount Paid:	\$785 6-18-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Paul Kanehl</u>	Mailing Address: <u>1007 Washington Ave Sauk City WI 53583</u>	Telephone: _____
Address of Property: <u>XXX Heat Lake Rd</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Cell Phone: <u>608-669-3363</u>
Contractor: <u>Self</u>	Contractor Phone: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (Include City/State/Zip): _____
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>1/4, 1/4</u>	Subdivision: <u>Plat of Ellenwood</u>
Section <u>22</u> , Township <u>47N</u> , N. Range <u>8</u> W	CSM <u>1</u>	Block(s) No. _____
<input type="checkbox"/> Shoreland → <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: <u>50 +</u> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$ 1,000</u>	Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
---	---	--	--	---	--	--

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use <input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Loft		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Porch		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with a Deck		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> with Attached Garage		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Mobile Home (manufactured date) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Addition/Alteration (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Special Use: (explain) <u>Class A Shoreland Grading</u>		(<input type="checkbox"/> X <input type="checkbox"/>)	<u>480</u>
<input type="checkbox"/> Conditional Use: (explain) <u>w/ walkway to lake</u>		(<input type="checkbox"/> X <input type="checkbox"/>)	<u>1,000</u>
<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X <input type="checkbox"/>)	<u>800</u>

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

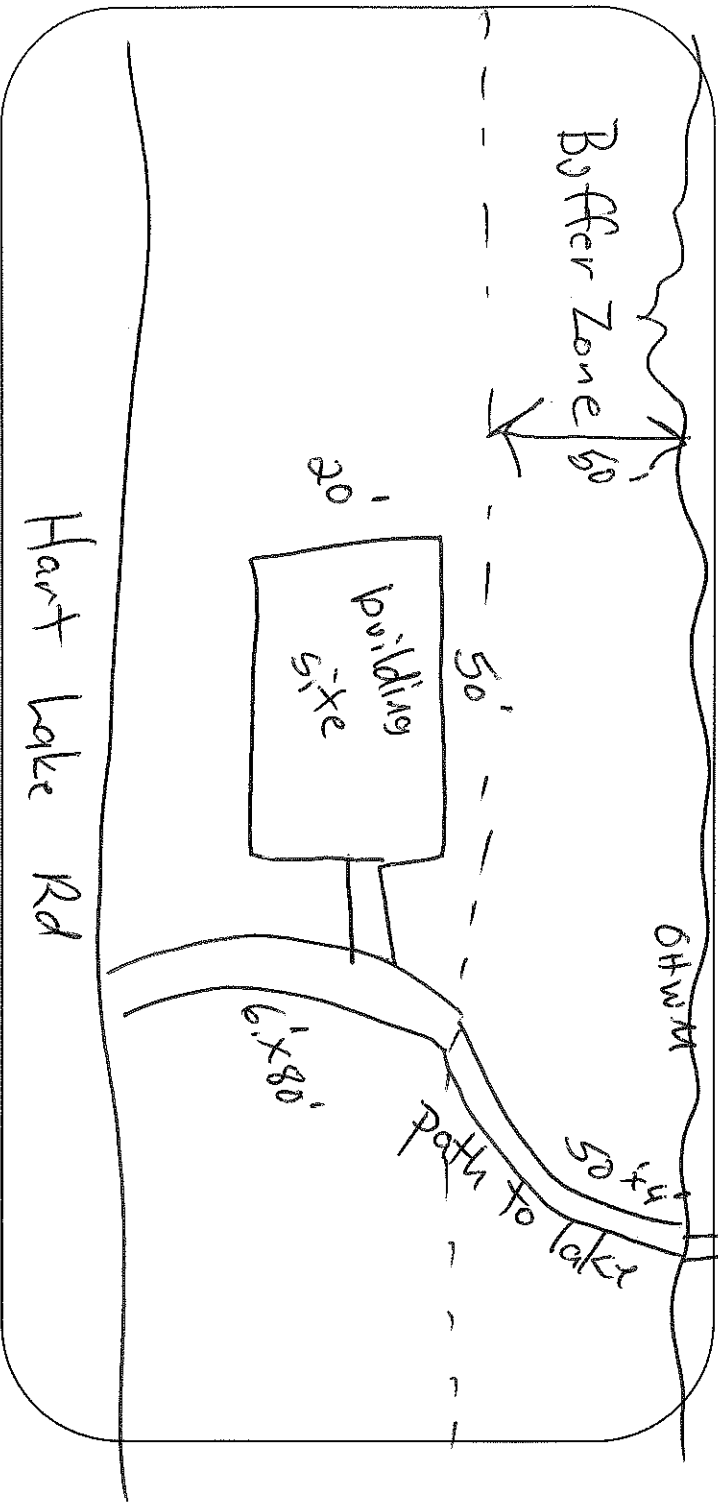
Owner(s): Paul Kanehl Date 6/17/14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Sauk Co above Attach _____
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20% **Lake Millicent**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0248		Permit Date: 8-7-14		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Fused/Contiguous Lot(s) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Met all requirements.				
Date of Inspection: 6-25-14		Inspected by: M. Frutala		Zoning District: (R1) Lakes Classification: (CLASS I)
Condition(s): 1. Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-inspection:		
Path to lake/ dock in Vegetation Protection Area (Shoreland) may not exceed 4' in width. Must use best management practices to prevent erosion of shoreline/ lake & wetlands.				
Signature of Inspector: Michael Frutala		Date of Approval: 6-26-14		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input checked="" type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (received)

AUG 01 2014

Bayfield Co. Zoning Dept.



Permit #:	14-0850
Date:	8-9-14
Amount Paid:	\$75 8-1-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Paul Dahlgren</u>	Mailing Address: <u>68535 ch 4 Iron River WI 54847</u>	Telephone: _____
Address of Property: <u>68535 N ch 4</u>	City/State/Zip: <u>Iron River WI 54847</u>	Cell Phone: <u>218 596 8715</u>
Contractor: _____	Contractor Phone: _____	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>1/4 SE 1/4</u>	Legal Description: (Use Tax Statement) <u>PLN: (23 digits) 04-024-2-47-08-07-4 01-000-01200</u>	Recorded Document: (i.e. Property Ownership) Volume <u>937</u> Page(s) <u>299</u>
Section <u>7</u> , Township <u>47</u> N, Range <u>8</u> W	Town of: <u>Iron River</u>	Lot Size _____ Acreage <u>4.384</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u> If yes--continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes--continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$ 6,000</u>	Project <u>New Construction</u>	# of Stories and/or basement <u>1-Story</u>	Use <u>Seasonal</u>	# of bedrooms <u>1</u>	What Type of Sewer/Sanitary System is on the property? <u>Municipal/City</u>	Water <u>City</u>
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CITY</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
				<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>36</u>	Width: <u>32</u>	Height: <u>16</u>
Proposed Construction:			

Proposed Use <input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<input type="checkbox"/> X)	
	Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X)	
	with Loft	(<input type="checkbox"/> X)	
	with a Porch	(<input type="checkbox"/> X)	
	with (2 nd) Deck	(<input type="checkbox"/> X)	
	with (2 nd) Deck	(<input type="checkbox"/> X)	
	with Attached Garage	(<input type="checkbox"/> X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X)	
	Mobile Home (manufactured date)	(<input type="checkbox"/> X)	
	Addition/Alteration (specify)	(<input type="checkbox"/> X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>garage</u>	(<u>32x36</u>)	<u>1,152</u>
	Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X)	
Rec'd for Issuance	Special Use: (explain)	(<input type="checkbox"/> X)	
	Conditional Use: (explain)	(<input type="checkbox"/> X)	
<u>AUG 07 2014</u>	Other: (explain)	(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
Secretary of State: (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which above described property at any reasonable time for the purpose of inspection.

Owner(s): Paul Dahlgren

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 7-28-14

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above

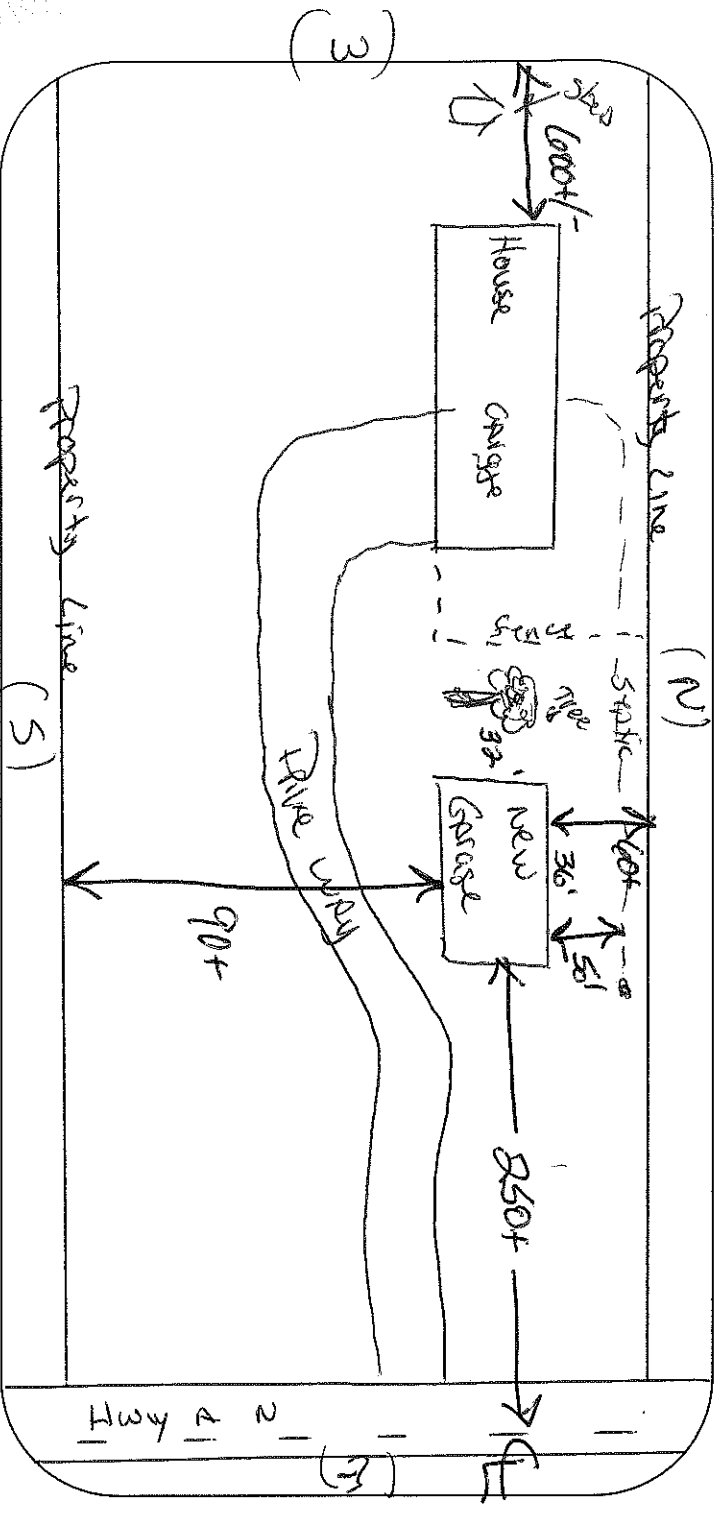
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement ✓

At the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	250' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	230' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	60' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	90' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	700' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	100' Feet	Setback to Well	N/A Feet
Setback to Drain Field	50' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0880	Permit Date: 8-7-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: M. Fritzsche	Date of Re-Inspection:			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: 8-5-14						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.						
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.						
Signature of Inspector: Michael Guitel		Date of Approval: 8-6-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
AUG 01 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0253
Date: 8-8-14
Amount Paid: \$9000 8-1-14
Refund:

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Bayfield Electric Co-op				Mailing Address:		P.O. Box 68		City/State/Zip:		Iron River, WI 54847		Telephone: 715 373-4287	
Address of Property:		XXX District Street				City/State/Zip:		Iron River, WI 54847		Plumber:		Plumber Phone:		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Contractor:						Contractor Phone:				Agent Phone:		Agent Mailing Address (include City/State/Zip):		P.O. Box 68, Iron River, WI 54847	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Diane Berueger				715 373-4287		P.O. Box 68, Iron River, WI 54847		00-293-08000		Recorded Document: (i.e. Property Ownership)		04-034-2 - 47-08-08-2 04-000-40000	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.	
SE 1/4, NW 1/4						1		1852		11.51					
Section 8		Township 47 N. Range 8 W				Town of:		Iron River				Lot Size		Acreage	
														6.38 + 11.5	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →		Distance Structure Is from Shoreline: feet		Distance Structure Is from Shoreline: feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Non-Shoreland															

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$3,600,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<input checked="" type="checkbox"/> Office/Garage/	()	()	~32,000
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/> wk shop	()	()	
<input type="checkbox"/> with Loft	()	()	()	
<input type="checkbox"/> with a Porch	()	()	()	
<input type="checkbox"/> with (2 nd) Deck	()	()	()	
<input type="checkbox"/> with (2 nd) Deck	()	()	()	
<input type="checkbox"/> with Attached Garage	()	()	()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()	()	
<input type="checkbox"/> Mobile Home (manufactured date)	()	()	()	
<input type="checkbox"/> Addition/Alteration (specify)	()	()	()	
<input type="checkbox"/> Accessory Building (specify)	()	()	()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()	()	
<input type="checkbox"/> Rec'd for Issuance	()	()	()	
<input type="checkbox"/> Special Use: (explain)	()	()	()	
<input type="checkbox"/> Conditional Use: (explain)	()	()	()	
<input type="checkbox"/> Secretarial Staff	()	()	()	
<input type="checkbox"/> Other: (explain)	()	()	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and reasonable time for the purpose of inspection.

Owner(s): * Diane Berueger
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 3-5-14
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: same as above
\$3,800,000
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Copy of Tax Statement
Attach ✓
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	50+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	35 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line <u>Town Rd</u>	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	150 Feet	Setback from Wetland	95 Feet
Setback from the West Lot Line <u>Town Rd</u>	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	220 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

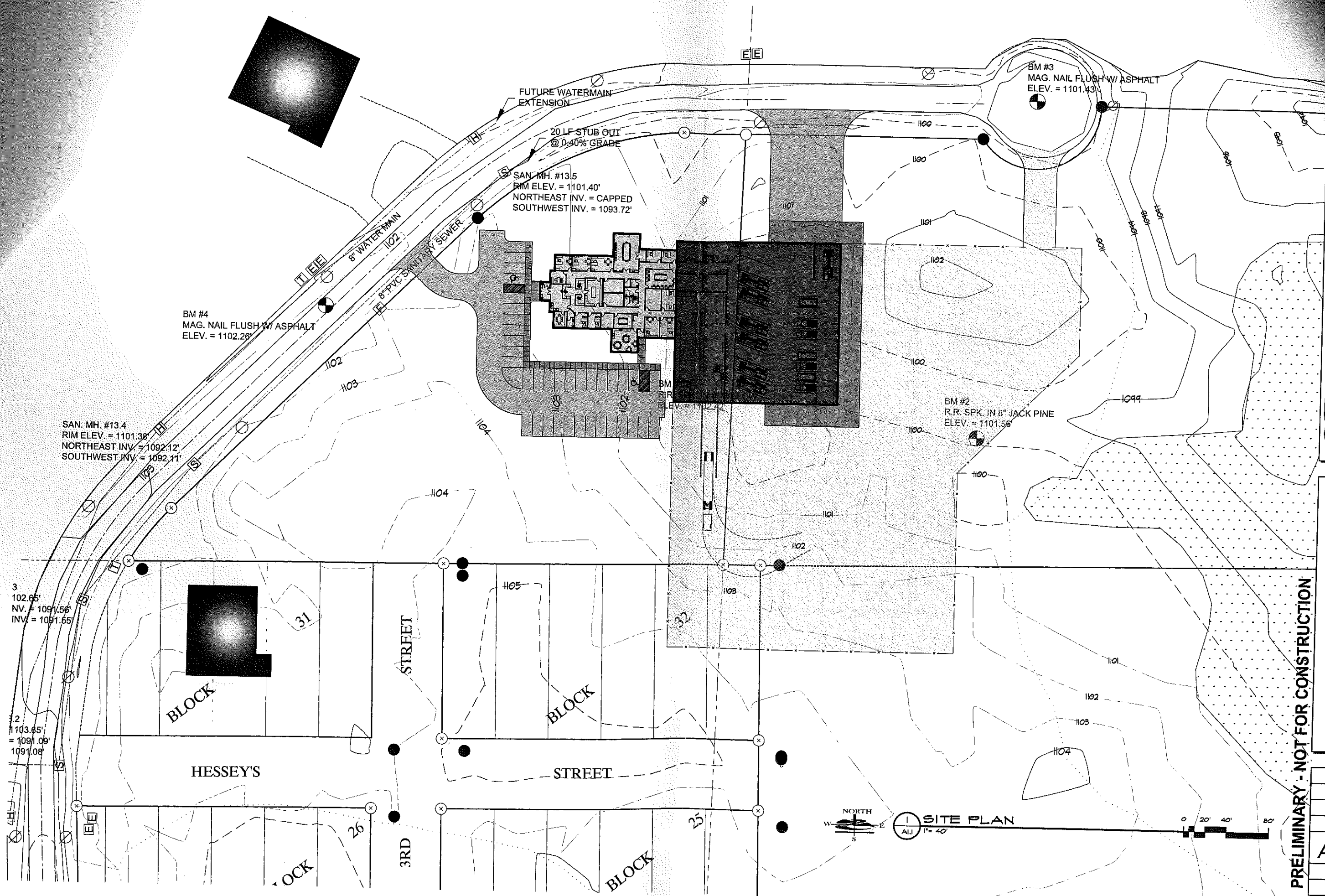
(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>14-0253</u>		Permit Date: <u>8-8-14</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: <u>Well Staked. Metcalf requirements.</u>		Inspected by: <u>MT. Fitch</u>		Zoning District (<u>I</u>) Lakes Classification (<u>NA</u>)	
Date of Inspection: <u>7-30-14</u>		Inspected by: <u>MT. Fitch</u>		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) <u>Miscellaneous best management practices to prevent siltation of wetlands.</u>					
Signature of Inspector: <u>Michael Turek</u>		Date of Approval: <u>8-6-14</u>			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____	
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____	



1403 123rd STREET - SUITE C
 CAFFEIA FALLS, WI 54724
 PHONE: 715.832.0875
 FAX: 715.126.1668
 www.rivervalleysarchitects.com



BAYFIELD ELECTRIC COOPERATIVE
 DISTRICT STREET
 IRON RIVER, WISCONSIN 54847

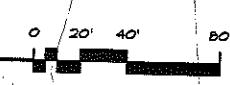
DATE:
 02-25-2014
 REVISED:

SHEET NO.
A1.1
 DRAWN BY:
 LP
 JOB NO.
 13-082

PRELIMINARY - NOT FOR CONSTRUCTION



SITE PLAN
 1" = 40'



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUL 24 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0058
Date: 8-8-14
Amount Paid: \$75 7-25-14
Refund:

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANTARY		<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: Terry Maureen Johnson		Mailing Address: 66284 Hart Lake Rd Iron River WI		City/State/Zip: Iron River WI 54847		Telephone: 715-372-6452		
Address of Property: 66284 Hart Lake Road		Contractor Phone: 715-372-4196		Plumber: N/A		Cell Phone: 2183933636		
Contractor: Gregg Olson		Agent Phone: 715-372-4196		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		PIN: (23 digits) 04-024-2-47-08-22-3-05-003-000		Recorded Document (i.e. Property Ownership) Volume 870		Page(s) 390		
PROJECT LOCATION NE 1/4, SW 1/4		Gov't Lot 3	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 22, Township 47 N, Range 8 W		Town of: Iron River		Lot Size		Acreage 9.0		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →		Distance Structure is from Shoreline: feet				

Value at Time of Completion * include donated time & material \$ 5200.00	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conv</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 120	Width: 28'-4"	Height: 8'-10"
Proposed Construction:	Length: 50	Width: 10	Height: 3'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)		
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X)		
	<input type="checkbox"/> with Loft	() X)		
	<input type="checkbox"/> with a Porch	() X)		
	<input checked="" type="checkbox"/> with (2 nd) Porch	() X)		
	<input checked="" type="checkbox"/> with a Deck + Roof (covered deck)	(50 X 10)	500	
	<input type="checkbox"/> with (2 nd) Deck	() X)		
	<input type="checkbox"/> with Attached Garage	() X)		
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X)		
	<input type="checkbox"/> Mobile Home (manufactured date)	() X)		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	() X)		
	<input type="checkbox"/> Accessory Building (specify)	() X)		
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X)		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	() X)		
	<input type="checkbox"/>	() X)		
	<input type="checkbox"/>	() X)		
Rec'd for Issuance	<input type="checkbox"/>	() X)		
	<input type="checkbox"/>	() X)		
	<input type="checkbox"/>	() X)		
AUG 08 2014	<input type="checkbox"/>	() X)		
	<input type="checkbox"/>	() X)		
	<input type="checkbox"/>	() X)		
Secretarial Staff	<input type="checkbox"/>	() X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Maureen Johnson Tony Olson
(If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)

Date 7/13/14

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

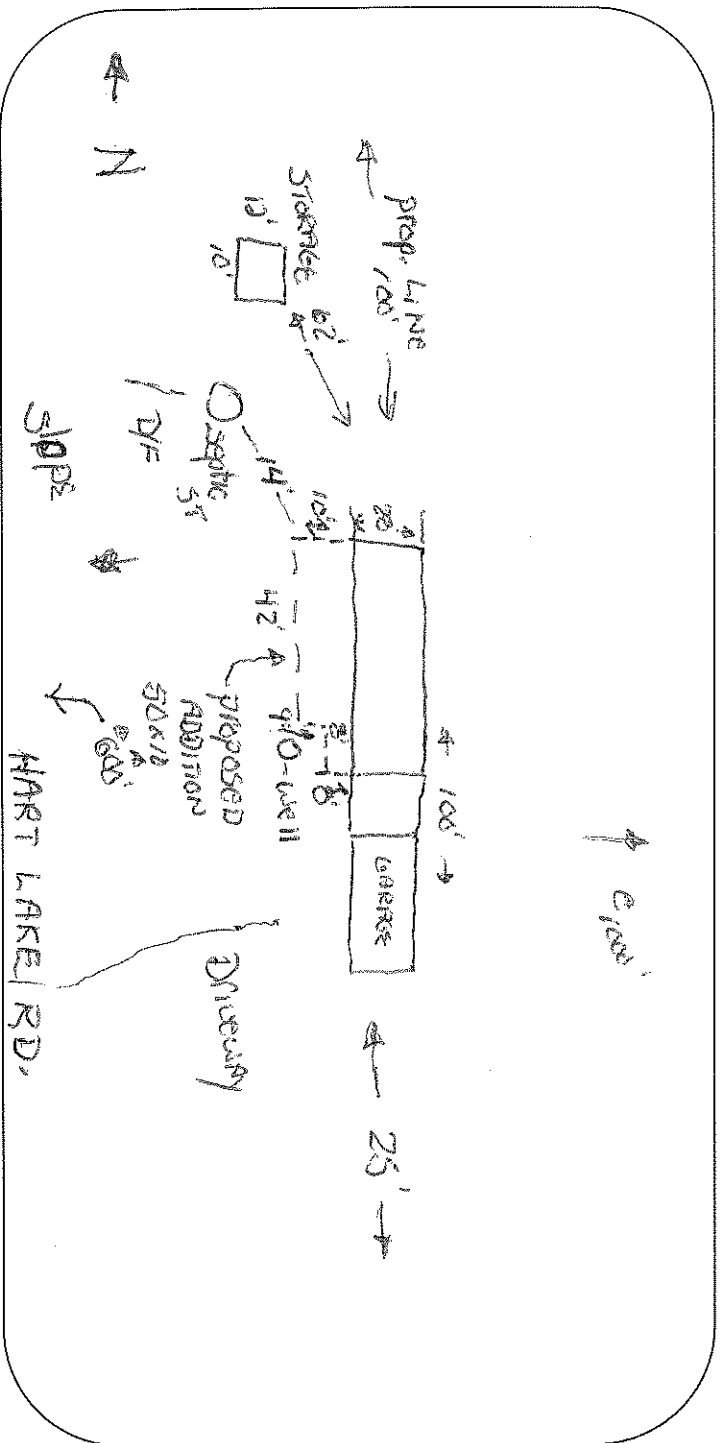
Date

Address to send permit Terry + Maureen Johnson 66284 Hart Lake Rd, Iron River WI 54847
Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	25 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	600 Feet	Setback from 20% Slope Area	60 Feet
Setback from the East Lot Line	1000 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	14 Feet	Setback to Well	9 Feet
Setback to Drain Field	16 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 425240	# of bedrooms: 3	Sanitary Date: 7/8/04			
Permit Denied (Date):	Reason for Denial:						
Permit #: 14-0258	Permit Date: 8-8-14						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Granted by Variance (B.O.A.)	Case #:	Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:							
Well status: Metcalf at back: 8-14							
Date of Inspection: 8-14-14	Inspected by: M. Fuchs	Zoning District (R-1)					
Condition(s): Town, Committee or Board Condition Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached		Lakes Classification (N/A)					
Date of Re-Inspection:		Date of Approval: 8-6-14					
Signature of Inspector: Michael Metcalf	Date of Approval: 8-6-14						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				